

**DAMAGE AND INJURY ASSESSMENT FORM**  
**SUBMITTAL PAGE**

- A. SUBMITTAL NUMBER:** \_\_\_\_\_
- B. NAME OF LOCAL JURISDICTION:** \_\_\_\_\_
- C. NAME OF COUNTY IN WHICH LOCATED:** \_\_\_\_\_
- D. TYPE OF DISASTER(S):** \_\_\_\_\_
- E. DATE(S) OF OCCURRENCE:** \_\_\_\_\_
- F. EMD-2 COMPLETED BY:**
- NAME/TITLE:** \_\_\_\_\_
- ADDRESS:** \_\_\_\_\_
- WORK PHONE:** \_\_\_\_\_
- EOC PHONE, if applicable:** \_\_\_\_\_
- FACSIMILE #:** \_\_\_\_\_
- E-MAIL ADDRESS:** \_\_\_\_\_
- G. NO. OF PAGES SUBMITTED** (Submittal Sheet, EMD-2 Form, Maps, etc.): \_\_\_\_\_
- H. DATE SUBMITTED TO EMD:** \_\_\_\_\_

## DAMAGE AND INJURY ASSESSMENT FORM

EMD-2 (1/98)

**Emergency Management Division****MICHIGAN DEPT. OF STATE POLICE****Jurisdiction:** \_\_\_\_\_**SUBMITTAL #:** \_\_\_\_\_

**NOTE:** 1. Counties consolidate data for county agencies and cities, villages and townships that are part of the county emergency management program.  
2. Separate municipal emergency management programs report data for that municipality.  
3. Data Submitted should be cumulative (totals to date) only.

### INDIVIDUAL IMPACTS (Totals to Date)

**A. DEATHS AND INJURIES**

Deaths AA   
Injured (Hospitalized) AB   
Injured (Not Hospitalized) AC

**B. ASSISTANCE RENDERED**

Persons Evacuated BA   
Current Shelter Population (on this date) BB   
Total Population Sheltered to Date BC

### PUBLIC DAMAGE (Totals to Date)

**C. DEBRIS CLEARANCE**

Roads and Streets (FAC) CA\$   
Roads and Streets (non-FAC) CB\$   
Other Public Property CC\$   
Private Property CD\$   
(Public Funds Expended)

**SUBTOTAL CES\$ 0****D. EMERGENCY PROTECTIVE MEASURES**

Emergency Temporary Repairs DA\$   
Flood Protection:  
Sandbagging/Diking/Pumping DB\$   
Security/Traffic Control DC\$   
Search and Rescue DD\$   
Other (describe): DE\$

**SUBTOTAL DFS\$ 0****E. ROADS AND BRIDGES**

FAS Roads EA\$   
Non-FAS Roads Destroyed Damaged EB\$   
FAS Bridges EC\$   
Non-FAS Bridges ED\$

**SUBTOTAL EES\$ 0****F. WATER CONTROL FACILITIES**

Dikes/Levees Destroyed Damaged FA\$   
Dams FB\$   
Drainage Channels FC\$   
Irrigation Works FD\$   
Other (describe): FE\$

**SUBTOTAL FFS\$ 0****G. PUBLIC BUILDINGS AND EQUIPMENT**

Public Buildings Destroyed Damaged GA\$   
Building Contents GB\$   
Vehicles/Equipment GC\$   
Public Transportation Systems GD\$

**SUBTOTAL GES\$ 0****H. PUBLICLY-OWNED UTILITY SYSTEMS**

Storm Sewers HA\$   
Sanitary Sewers HB\$   
Combination Sewers Destroyed Damaged HC\$   
Sewage Trmnt. Plants HD\$   
Water Systems Destroyed Damaged HE\$   
Water Trmnt. Plants HF\$   
Publicly-Owned Light/Power Facilities HG\$   
Other (describe): HH\$

**SUBTOTAL HIS\$ 0****I. PARKS AND RECREATION FACILITIES**

Parks IA\$   
Publicly Owned Recreation Facilities IB\$   
Other (describe): IC\$

**SUBTOTAL IDS\$ 0****J. SCHOOLS**

Public School Bldgs Destroyed Damaged JA\$   
Building Contents JB\$

**SUBTOTAL JCS\$ 0****K. PRIVATE NON-PROFIT FACILITIES**

Educational Facilities KA\$   
Utilities KB\$   
Emergency Facilities KC\$   
Medical Facilities KD\$   
Custodial Care Facilities KE\$   
Other (describe): KF\$

**SUBTOTAL KGS\$ 0**

Private Non-Profit Facilities Destroyed Damaged

**GRAND TOTAL OF PUBLIC DAMAGE (SECTIONS C-K):****KHS\$ \$0**

## PRIVATE DAMAGE

### L. HOMES

#### Owner-Occupied Primary Residences:

Destroyed LA   
With Major Damage LB   
With Minor Damage LC

#### Rental Residences:

Destroyed LD   
With Major Damage LE   
With Minor Damage LF

#### Vacation/Secondary Residences:

Destroyed LG   
With Major Damage LH   
With Minor Damage LI

**TOTAL NUMBER OF HOMES  
DESTROYED OR DAMAGED**

LJ

### M. BUSINESSES

Businesses Destroyed MA   
Businesses With Major Damage MB   
Businesses With Minor Damage MC

Number of Persons Unemployed

Due to Damage MD

**TOTAL NUMBER OF BUSINESSES  
DESTROYED OR DAMAGED**

ME

## N. BUDGET INFORMATION

Annual Budget NAS   
Current Balance NB\$   
Preceding Annual Budget NC\$   
Date Fiscal Year Begins ND

Public Works (if applicable) NES   
Public Works Current Balance NF\$   
Roads (if applicable) NG\$   
Roads - Current Balance NH\$

## O. COMMUNITY IMPACTS

### Instructions:

Describe as accurately as possible the impact the disaster has had on the community. The information must be described in narrative form covering the applicable areas listed below. Please specify any other impacts not specifically listed below. The narrative may be typed on the attached sheets or created as a separate document.

**The Community Impacts Statement should address the applicable topic areas listed below:**

**OA Public Health/Safety Threats**

**OB Impacts on Essential Public Services and Facilities**

**OC List (by location) of Roads and Bridges Closed as a result of the Disaster**

**OD Impacts on Specific Groups within the Community**

**OE Cities, Townships and Villages Affected (Counties Only)**

**OF Economic Impact on the Community**

**OG Other Impacts (Specify)**

**OA Public Health/Safety Threats:**

**OB Impacts on Essential Public Services and Facilities:**

**OC List (by location) of Roads and Bridges Closed as a result of the Disaster:**

**OD Impacts on Specific Groups within the Community:**

**OE Cities, Townships and Villages Affected (Counties Only):**

**OF Economic Impact on the Community:**

**OG Other Impacts (Specify):**